## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

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FILING DATE

APPLICANT(S)

**CLAIMS** 

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IND.   DEP.   IND.   DEP.   IND.   DEP.   S1   S2   S3   S4   S5   S5   S5   S5   S5   S5   S5		AS F	ILED				
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34   84   85   36   37   38   38   39   39   39   39   39   39							
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TOTAL DEP.  TOTAL CLAIMS  U.S. DEPARTMENT of COMMERCE	TOTAL IND	1					1
DEP.  TOTAL LAIMS  U.S. DEPARTMENT of COMMERCE.			▼		」 <b>,▼</b>		▼
LAIMS O CLAIMS U.S. DEPARTMENT of COMMERC	DEP.	4	<b>(=</b>		<b>(=</b>		<b>(-</b>
U.S. DEPARTMENT of COMMERCI	OTAL	[0]					
	AIMS	$\mathcal{U}_{\perp}$					-
	O - 136	0 (REV. 11/0	4)				